

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09-700769	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/						51			
2	/						52			
3	/						53			
4	/						54			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	5									
TOTAL DEP.	5									
TOTAL CLAIMS	10									